

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92171 021 ****50.00

0033407

DOCUMENT # M99000001691

1. Entity Name

CEA MANAGEMENT, LLC



Principal Place of Business

**101 EAST KENNEDY BOULEVARD, SUITE 3300
TAMPA FL 33602**

Mailing Address

**101 EAST KENNEDY BOULEVARD, SUITE 3300
TAMPA FL 33602**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3590701**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURNS, DAVID A
101 EAST KENNEDY BOULEVARD, SUITE 3300
TAMPA FL 33602**

Name **Ming Jung**

Street Address **101 E. Kennedy Blvd.**

Suite 3300

City **Tampa**

FL

Zip Code **33602**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **CEA CAPITAL ADVISORS, LLC**
STREET ADDRESS **101 EAST KENNEDY BOULEVARD, SUITE 3300**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **Mgr.** ☐ Change ☒ Addition
NAME **Angela L. Horwitz**
STREET ADDRESS **101 E. Kennedy Blvd. Ste. 3300**
CITY-ST-ZIP **Tampa FL 33602**

TITLE **MGR** ☐ Delete
NAME **JUNG, MING**
STREET ADDRESS **101 E KENNEDY BLVD., #3300**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☒ Delete
NAME **CARDY, TOM**
STREET ADDRESS **101 E KENNEDY BLVD., #3300**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☒ Delete
NAME **BURNS, DAVID**
STREET ADDRESS **101 E KENNEDY BLVD., #3300**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☒ Delete
NAME **MECKLEY, SCOTT**
STREET ADDRESS **101 E KENNEDY BLVD., #3300**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **GORDON, BRAD**
STREET ADDRESS **101 E KENNEDY BLVD., #3300**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Angela L. Horwitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)